Chapter III:
RESEARCH METHODOLOGY

3.0. INTRODUCTION

This research study is crucial since it has the objective of understanding the negative impact of child sexual abuse on children and adolescents, their challenges and problems and how dance movement therapy can give them healing and hope to attain their dreams and aspirations for the future. This study investigates the repercussions of child sexual abuse on four variables – self esteem, optimism/pessimism, anxiety and aggression in childhood and adolescent behaviour.

It attempts to study and analyze the beneficial effects of dance movement therapy on the children and adolescents victims of child sexual abuse vis-à-vis the same parameters. Further, it seeks to understand how these therapeutic interventions benefit to bring healing to the children and adolescents. Hence in order to carry out this task, the research exploration begins by collecting the necessary primary data on child sexual abuse.

A psychological questionnaire on each of the four above-mentioned variables is provided to the actual victims of child sexual abuse. This important data serves as the basis for the analysis, interpretation and inferences. The data on the child sexual abuse in children and adolescents is also essential to provide the necessary facts and figures for constructing the measurement scales and tables which are analyzed with statistical tools and interpreted. The study of the repercussions of child sexual abuse in children and adolescent behavior is a pioneering study for many reasons and in particular the dance movement therapy provided to the abused victims will be very beneficial to them.
3.1. THE FOLLOWING RESEARCH QUESTIONS ARE BEING ADDRESSED IN THE ANALYSIS DATA

1. Is there any significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between pre-test experimental group and post-test experimental group?

2. Is there any significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between post-test control group and post-test experimental group?

3. Is there any significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between pre-test and post-test groups in control group?

4. Is there any significant difference in levels of a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between the post-test experimental group and the different ages of children and adolescents?

5. Is there a significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between the post-test experimental group and the sex of the children and adolescents?

6) What is the influence of the independent variables i.e. child sexual abuse and dance movement therapy that contribute significantly to the dependent variables i.e. Self-esteem, optimism/pessimism, anxiety and aggression and healing from sexual abuse after therapeutic interventions?

3.2. OBJECTIVES OF THE RESEARCH STUDY

The aim of the study was to understand the significance of repercussions of child sexual abuse on children and adolescents behavior in the given population. This was carried
out by exposing the respondents to a series of psychological tests. They are as follows-
(a) Rosenberg’s Self Esteem Questionnaire (b) A new measure of children’s optimism and pessimism – Dr. Sidney Ey et al. (2005) (c) GAD-7 Anxiety (d) Buss-Perry Aggression Scale.

(a) To assess the repercussions of child sexual abuse in childhood and adolescent behavior, viz. self esteem, optimism/ pessimism, anxiety and aggression.

(b) To analyze the effects of the therapeutic intervention of Dance Movement Therapy for child sexual abuse in childhood and adolescent behavior.

(c) To examine how the therapeutic interventions suggested of Dance Movement Therapy is essential to overcome the four repercussions of child sexual abuse in childhood and adolescent behavior, namely, self esteem, optimism/ pessimism, anxiety and aggression.

d) To study how the therapeutic interventions in childhood and adolescence can bring healing to the victims of child sexual abuse and improve self esteem, increase optimism/ reduce pessimism, decrease anxiety and diminish aggression.

3.3. HYPOTHESES

The following hypotheses have been formulated based on the objectives and research questions of the study.

1. There is a significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between pre-test experimental group and post-test experimental group.

2. There is significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between post-test control group and post-test experimental group.
3. There is no significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between pre-test and post-test groups in control group.

4. There is no significant difference in levels of a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between the post-test experimental group and the different ages of children and adolescents.

5. There is no significant difference in a) Self Esteem b) Optimism c) Pessimism d) Anxiety and e) Aggression between the post-test experimental group and the sex of the children and adolescents.

6. The independent variables i.e. child sexual abuse and dance movement therapy contributes significantly to the dependent variables i.e. Self-esteem, optimism/pessimism, anxiety and aggression. Child sexual abuse lowers self-esteem, optimism, increases pessimism, anxiety and aggression. Dance movement therapy raises self-esteem and optimism and decreases pessimism, anxiety and aggression and also brings healing to the sexually abused victims.

3.4. OPERATIONAL DEFINITIONS FOR THE RESEARCH STUDY

An operational definition is a detailed and clear specification of how one would measure a given variable or term. Following are the operational definitions of various terms used in the research study as well as the variables that will impact the outcome of the study.

3.4.1. Operational Definition of Child Abuse
Child abuse can be called as the sequence of actions or misconduct and the language used by a person or a parent towards a child deliberately and unknowingly and which can harm, put him/her in danger, humiliate and disgrace the intrinsic worth and dignity of a child (CDC), (2012). The major forms of abuse are- physical abuse, sexual abuse, emotional abuse and child neglect.
3.4.2. Operational Definition of Child Sexual Abuse
Child sexual abuse is the deliberate act of the abuser who gets the child involved in sexual activity. The child cannot fully understand what the offender is doing her/him. He/she is not matured enough to give her/his consent to the predator. Child sexual abuse is a violation of laws and taboos of the society. The innocent mind of the child is enticed and bullied to engage in unlawful sexual activity. Further the child through the pornographic material kidnapped, sold, sexually Exploited and given to prostitution (World Health Organization, 1999).

3.4.3. Operational Definition of Repercussions (of Child Sexual Abuse)
Repercussions (of child sexual abuse) are the negative impact the child sexual abuse has on the behavior of the child and the adolescent. Behavior means the physical, emotional and the psychological behavior of the child and adolescent. Ratican (1992) explains the negative impacts of child sexual abuse victims are anxiety, suicidal tendencies, obesity, disturbed sleep etc.

3.4.4. Operational Definition of Childhood
According to UNICEF, childhood is the state and condition of a child’s life, to the quality of those years. UNICEF further states that childhood is the time for children to go to school, to play, to receive love and encouragement from one’s family and extended community. It is a time in which children should live free from fear, violence abuse and exploitation (Carol Bellamy, UNICEF Convention on the Rights of the Child, 2005).

Childhood cannot be compared with adults. They are different from adults because what an adult person likes may not be appropriate for a child. This has been clarified by the United Nations General Assembly adopted The Convention on the Rights of the Child (1989). According to psychologists, the period of childhood is up to the age of 12 years (Gerald Corey, 2009). Hence, for the purpose of the research study, the childhood age is taken as the period from 7 years to 12 years.
3.4.5. Operational Definition of Adolescent
The period of adolescence is the transitional stage from childhood to adulthood and is a time of a search for one’s own identity, freedom, orientation, discovery and an upsurge of sexual feelings (Psychology Today, Accessed October 2013). Psychologists accept the age of adolescents to be from 13 to 18 years. Hence, for the purpose of the research study, the adolescent age is from 13 to 18 years. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen years.

3.4.6. Operational Definition of Therapy
Therapy or Psychotherapy is a combined treatment based on the relationship between an individual and a psychologist or therapy for the purpose of modifying disturbed patterns of behaviour. Therapy can address, remove, modify or resolve a large number of issues and symptoms (Lewis Wolberg, 1977). Therapy is a useful and effective method of restoring a client to his/her normal health through various techniques including methods of self awareness, self consciousness and self actualization. Therapy helps people to improve their self esteem, their relationship with others and also enhance their positive feelings of joy, optimism, compassion, peace and love (Noah Rubenstein, 2007).

Therapy attempts to create an encouraging environment that helps the client to express her/his feelings openly with someone who is unbiased, respects and nonjudgmental (American Psychological Association (APA), Accessed October 2013).

3.4.7. Operational Definition of Therapeutic Interventions
Therapeutic interventions are mental health interventions of psychological methods. The motive behind the therapeutic intervention is to improve biopsychosocial performance of the individual and are normally conducted in a therapeutically planned relationship environment. Paley and Shapiro, (2001). The therapeutic interventions intentionally intend to create positive, cognitive, behavioral and emotional change in people.
3.4.8. Operational Definition of Self Esteem
Self-esteem is a personality trait used to describe one’s own sense of self worth, inner self respect or self value (personal value). It involves a variety of beliefs about the self, an assessment of beliefs, emotions (feelings) and behaviors. We accept J. Robson’s (1998) understanding of self-esteem which is the sense of satisfaction and acceptance of self that comes out from a person's evaluation of his/her own value, aptitude, importance, beauty and capability to fulfill her/his ambitions in life. Accordingly, a questionnaire will test for low self esteem, healthy self esteem and high self esteem.

3.4.9. Operational Definition of Optimism/Pessimism
Optimism is related to positive outcomes and pessimism with more and intense harmful effects (Scheier and Carver 1992, 2001). Studies show that children and adolescents who have optimistic approach to life are self satisfied and happy in life (Chang et.al, 1997). Individuals who are with pessimistic attitude have many discouraging signs. For Carver and Scheier optimism is dispositional because the optimistic person convey less physical signs, have good wellbeing, a lesser amount of pains and enhanced problem solving strategies.

3.4.10. Operational Definition of Anxiety
Anxiety is complex combination of unpleasant emotions such as worry, nervousness, fear and concern and is more oriented to a future threat and is much more diffuse than fear. (Barlow, D. H. 1988, 2002). It is often accompanied by restlessness, muscular tension, fatigue and problems of concentration (American Psychiatric Association (2013).

3.4.11. Operational Definition of Aggression
Social psychologists explain aggression as behavior that is planned to harm the other person who does not wish to be harmed (Baron & Richardson, 1994). Aggression can be verbal as well as physical. Physical aggression is harming others physically eg. Hitting, kicking, stabbing, or shooting them. Nonphysical aggression is verbal aggression that does not involve physical harm eg. Yelling, screaming, swearing, and
name calling. Social aggression is deliberately harming another person’s social relationships by gossiping about another person, excluding others from friendship or giving others the unspoken treatment (Crick, N. R., and Grotpeter, J. K. 1995).

3.4.12. Operational Definition of Dance Movement Therapy
Dance movement therapy encourages expressive, cognitive, mental and community union for the individual and these are helpful for group and individual treatment. Dance movement therapy has the remedial factors. It focuses on movement behavior, namely, the correlation between movement and emotion in an attempt to be therapeutic. Individuals body postures serve as the main outstanding component of dance. These body movements helps the therapist to assess and analyze the movements therapeutically (American Dance Therapy Association, Accessed in September 2014).

3.5. RESEARCH DESIGN

It is the conceptual structure within which the research is conducted. It unfolds the plan for the collection, measurement and analysis of the data. It is 1 experimental and 1 control group design. It has 2 groups:-

3.6. LOCATION OF THE STUDY: TARGET POPULATION

The data of the research study was collected from 80 children (ages 7 to 12 years) and adolescents (ages 13 to 18) from Mumbai Central.

3.7. SAMPLING PROCEDURE OF DATA COLLECTION

**Sampling Procedure (Pilot Study):** The data was collected from a children’s home in Andheri, Mumbai for the purpose of the pilot study. A sample of 20 child sexual abused children and adolescents were randomly selected from low and high secondary schools. The children and adolescents were randomly assigned to the experimental group and the control group, with 10 of them in the experimental group and 10 of them in the
control group. In the beginning, all the 20 children and adolescents were administered the following four questionnaires: i) Rosenberg’s self esteem questionnaire, ii) Dr. Eysenck’s measure of children’s optimism and pessimism, iii) the well known GAD – 7 Anxiety questionnaire and iv) the Buss Perry Aggression test.

Then, the children and adolescents of the experimental group underwent dance movement therapeutic intervention sessions for six months. Then, at the end of the therapy, post –test, the experimental group was given the same set of four questionnaires to see whether the therapy has made any behavioral change on the children and adolescents. Simultaneously, the control group of students was given the same set of questionnaires once again, but without having the therapy that was administered to the experimental group.

The result showed that the dance movement therapeutic sessions that were given to the experimental group did have a positive impact of the abused students. It showed an increase in self esteem and optimism, and a decrease in pessimism, in anxiety and in aggression. The students who were in the control group did not show any increase in the self esteem and optimism and also did not lead to any decrease in pessimism, anxiety and aggression. This demonstrated to us the success of the dance movement therapy.

Further, the pilot study taught us a few lessons.

i) It made us to realize that the questionnaires that were given to the students had to be simplified and put in their own language. Hence, after the pilot study, we translated all the four questionnaires into Hindi.

ii) It made us realize that apart from the translation of the four questionnaires, the various sentences had to be explained by the guides to the students in a very simple manner so that they are able to grasp the full meaning of the questionnaires.
iii) The students were told that the answers they give are not what the situation should be but rather what they themselves are experiencing. Hence, they should be truthful in responding to the questions.

iv) Naturally, all the ethical principles of confidentiality and trust and privacy were maintained and were communicated to the students.

v) The students were given the option to go for the pilot study. Hence, it was done on a purely voluntary free choice basis.

3.8. METHODOLOGY – QUANTITATIVE RESEARCH

Quantitative research is widely used in the field of psychology. Here, basically, the method used for the research study is quantitative research since questionnaires were administered to the participants in order to collect quantitative data on their self esteem, optimism, anxiety and aggression. In quantitative research, the data is collected from the units called variables and the quantitative research design is the strongest means of proving or disproving a hypothesis.

3.9. METHOD OF DATA COLLECTION: PRIMARY AND SECONDARY DATA

3.9.1. Primary Collection Data Methodology:
After the success of the pilot study, the data for the research was collected from Mumbai Central. Different sources such as organizations, N.G.O's, hospitals, family environment, schools were approached to get the relevant data. Teachers, social workers, nurses, students from social work colleges, counselors, parents, doctors and psychologists were a great support and help to collect the applicable data for a period of more than six months from October 2012 to April 2013. 80 children and adolescents victims of child sexual abuse opted for the research study as follows: 40 children comprising of 20 boys and 20 girls, ages 7 to 12 years and 40 adolescents, comprising
of 20 boys and 20 girls, ages 13 to 18 years from Mumbai Central. There were equal number of boys and girls in both the control group and the experimental group.

Similar to the pilot study, the children and adolescents were divided into two groups, those in the experimental group and those in the control group. They were randomly assigned to the control group and experimental group so that there would be no purposeful discrimination in the selection process. The children and adolescents in the experimental group were provided with the dance movement therapeutic interventions and the children and adolescents in the control group were not provided with the dance movement therapeutic interventions.

Further, each of the groups, both those of the experimental group as well as the control group were given the pre-tests and post-tests on the following 4 psychological tests:
(a) Rosenberg’s Self Esteem Questionnaire
(b) A new measure of children’s optimism and pessimism - Ey, S. et al. (2005)
(c) GAD-7 Anxiety
(d) Buss-Perry Aggression Scale.

12 sessions of dance movement therapy each of 2 hours duration were conducted for the children and adolescents of only the experimental group. Children were divided in to four groups that is ten in each group. The same 4 psychological tests were given again (post test) to the children and adolescents of the experimental group in order to see whether the children have made improvement in their behavior.

However, the children and adolescents of the control group were given the pre-test but were not given the dance movement therapy but they were again administered the same 4 psychological tests and hence are not strictly called post-tests.
3.9.2. Secondary Data

The information about the importance of dance movement therapeutic interventions for children and adolescents is gathered from the various sources like social workers, psychologists, doctors and counselors who handle the child sexual abuse and also the trained therapist who are involved in conducting dance movement therapy sessions for the different types of behavior problems.

3.10. TOOLS USED FOR DATA COLLECTION (QUESTIONNAIRES)

The Four Psychological Assessment Tools and what they measure:

(a) Rosenberg’s Self Esteem Questionnaire:
It is a Likert scale having ten items to be answered on a four point scale - strongly agree, agree, strongly disagree and disagree. The statements measure the positive and negative feelings about oneself. It is a widely used instrument to measuring and evaluating the individual’s self-esteem.
(b) Dr. Sidney Ey’s New Measure of Children’s Optimism and Pessimism:
Optimism is a positive expectation and pessimism is a negative expectation. Dr. Ey’s new measure of children’s optimism has predicted child reported depressive symptoms and parent reported behavior problems. The pessimism has predicted child reported anxiety symptoms and parent reported academic and social deficit. The test measures how the children and adolescents see their future and their positive and negative expectations. It is a Likert scale having ten items to be answered on a four point scale – true for me, sort of true for me, sort of not true for me and not true for me. Optimism may serve as an important source of toughness or hardiness for both the psychologically healthy and ill children and adolescents.

(c) Generalized Anxiety Disorder Assessment (GAD 7):
The Generalized Anxiety Disorder is a self reported questionnaire for assessing general anxiety disorder. When used as a screening tool, further evaluation is recommended when the score is 10 or greater. General anxiety disorder is one of the most common mental disorders. The GAD-7 is a valid and efficient tool for screening for GAD. It has good reliability, as well as criterion, construct, factorial, and procedural validity (R P Swinson, 2006). A big advantage of the test is that it is very brief and can be easily understood and completed by the participants.

(d) Buss-Perry Aggression Scale:
The Buss Perry Aggression questionnaire also called the aggression questionnaire was designed by Arnold Buss and Mark Perry in 1992 to evaluate aggression behaviour and to measure manifestations of aggression. It is a 29 item questionnaire and has been validated in different countries of the world. The Aggression scale measures Physical Aggression, Verbal Aggression, Anger and Hostility. The Buss Perry Scale has shown good test-retest reliability and has high internal consistency and is one of the most used instruments to assess aggression.
3.11. SAMPLE SIZE: JUSTIFICATION FOR SAMPLE SIZE OF EIGHTY FOR RESEARCH STUDY

This is a multi stages study on a very sensitive issue of child sexual abuse. Hence, only the intensive observation practical methodology part of the study was spread over a long period of time, namely, a period of twelve months, divided into three stages.

In the first stage from May 2013 to October 2013, the effects of child sexual abuse on children and adolescent behavior were studied (cfr. the methodology section for details) specifically in the areas of self-esteem, optimism/pessimism, anxiety and aggression.

In the second stage, from November 2013 to April 2014, therapeutic intervention technique namely, dance movement therapy was provided by dance movement therapists (spread over six months with continuous monitoring).

In the final stage, from May to July 2014, the therapeutic influence of dance movement therapy was systematically analyzed on the same children and adolescents in the areas of self-esteem, optimism/pessimism, anxiety and aggression.

The dance movement therapy is to be done with a small group of students, such as size of ten. This is to allow for personalized individual attention. In this way, the dance movement therapist is able to carefully observe each student and his/her movements. Also the therapist is able to analyze as to why a student dances or moves his or her body in a particular way. Thus, the therapist is able to observe all the non verbal communication of the student and interpret their meaning and significance. Further, the therapist is able to understand each student and recommend personalized therapeutic exercises depending on the need and requirement of the individual. The student who undergoes the exercises also feels that he/she is cared for and is able to respond well to the therapeutic exercises as well as to the communication with the therapist. This builds up a level of trust between the therapist and the student.
3.12. ETHICAL CONSIDERATIONS IN THE RESEARCH METHODOLOGY STUDY

In undertaking counseling and therapy, it is important to know that certain ethical principles and guidelines need to be followed. Keeping a professional code of ethics in one’s practice is necessary for acting in the best interest of the client and consequently making sound ethical decisions based on values. Hence, the research study considers a number of ethical principles and procedures necessary to make the research truly sincere, scientific and valuable.

3.12.1. Putting the Client’s Needs before One’s Own Needs

As therapists and counselors it is necessary to keep our personal desires and needs separated from our relationship with our clients since such they could interfere with serving our clients in an ethical manner. We need to become aware of our own wants, our personal problems and our sources of counter transference. Putting clients needs before the self is the ideal way to focus on the client and his/her issues.

3.12.2. Sensitive Data

There are many children and adolescents who have been victims of child sexual abuse in the city of Mumbai. However, there are very few of them who would like to disclose their identity. Hence, the collection of the primary data from the child sexual abuse of children adolescents is a very sensitive matter. It is highly difficult to get them to freely participate in the questionnaires and to undertake the dance movement therapy sessions. With great difficulty, 80 children and adolescents came forward to participate in this research project. They were told that the questionnaires were highly confidential and their identity would never be disclosed under any circumstance. Further, they were given the choice of participating or not participating in the research. These 80 children and adolescents are those who have freely and willingly consented to the research.
3.12.3. Intensive In-depth Study
Since the research study deals with the child sexual abuse of children and adolescents and their repercussions, the data collected is very intensive and deep. The questions posed to the children and adolescents are very personal and profound. It makes the children and adolescents reflect deeply on their lives in order to obtain very rich data on the impact of the repercussions of the child sexual abuse. Such firsthand in-depth information is of great help to the research.

3.12.4. Sincere and Truthful Communication
The children and adolescents who agreed to undertake the research study were told that they had to be sincere and truthful in all the responses they give. In this connection they were explained the importance of the research study and how the correct information received would be of great help to the study of the repercussions of child sexual abuse. They were assured and reassured that they need not have any fear to state the truth and no one would link the answers to their names.

Truth is a value that we need to emphasize at all times. In the context of our relationships with other it is one of the most important values. Parents and children must be truthful to one another. Children must grow up in a family environment of love and trust. Basic trusting begins at home. It is only in the family setting and then the school that the child learns the value and the principle of honesty. The mother tells the child to tell her all that happened to her at school or at play. So, the child or adolescent who trust their parents are able to divulge to their mother whatever happened. A child or adolescent who is totally trusting is able to narrate all the facts of what happened without hiding back any information. On the other hand there are other children and adolescents who do not tell their mothers everything. There are various reasons for this.

- First, the child feels guilty of something that happened and then feels that the mother will punish or shout at them.
- Second, the child does not have complete trust in the mother.
• Third, the child has himself or herself constantly lying to the mother or has withheld information. Such a child has grown in an environment of mistrust and lies.
• Fourth, the mother herself is not there (or absent or abroad) or is too busy to sit down with her son or daughter.
• Fifth, the mother does not care for the welfare of the child and is not bothered of the child’s future, etc.
• Sixth, many children feel shy or so petrified that they lack the courage to even open their mouths and speak. They repress their feelings and bury their bad experiences.

Hence in our school and college programmes we need to make our children and adolescents aware of the fact that telling the truth helps them to protect themselves and receive proper guidance from their parents and teachers, especially with regard to matters concerning their sexuality.

Even in the filling of the questionnaires, it is instilled in the minds of the children and the adolescents that they have to give the answers that reflect their situation and not what an idealistic situation is. In other words, they have to give the truth of their beings rather than put on a mask and project a false image of themselves, as though everything is goodie. Unfortunately, we find today in general, that many people want to put on a façade and do not want to reveal their identity. Many children and adolescents face an identity crisis. They feel afraid to disclose their true and real selves. The challenge of all those under their care is to break the ice as it were, namely, to gently and carefully build trust in the children and adolescents so that they will gradually disclose the truth of themselves.

Sometimes telling the truth becomes very painful and bitter. The skilled parent or counselor should delicately handle the situation and reassure that child or adolescent that they are still precious and are loved and cared for. The children and adolescents must be clearly told that no matter what mistakes they make, they are very valuable and wanted. And in order to build basic trust, parents and teachers must show a lot of love
and concern to the young ones whose minds are tender and developing. This is a very important phase in the life of the children and adolescents – to show them that they are needed and loved. Only then will they be able to open up and tell the truth of their lives. Hence, we realize the importance of cultivating honest communication, which is impossible without trust. They should do the following:

- To do their best to establish and maintain trust at the emotional and rational levels.
- To share the information they have in order to have a full understanding of the circumstances and situation.
- To refrain from lying or giving false information
- To keep secret information that is not legitimately needed by others, but that if revealed might either harm the patient or others or destroy trust.
- This value of trusting is founded on the basic human need for telling the truth. If human beings cannot trust one another, then society will certainly go into ruins.

3.12.5. Personal Guides Provided to Eliminate Error

For the collection of data from the children and adolescents, four pre-test questionnaires and four post test questionnaires were administered to them. In order to help the students understand the questions asked to them, various guides having a psychology background were helping them to comprehend the questions for the pre-tests. Every five participants had a guide. The guides were clearly explained the methodology and the details of each of the four questionnaires so that all of them were on the same mindset.

3.12.6. Bi-lingual Questionnaires Provided

The pilot study had indicated that the students were very familiar with Hindi. Hence all the four questionnaires were translated into Hindi. In fact each sentence was shown in English flowed by the translation in Hindi. It was very useful to the students as well as the guides. This bi-lingual questionnaire helped them a lot to clearly understand the
correct meaning of the questions asked. Even the instructions for the questionnaires were translated into Hindi.

3.12.7. Pilot Study Conducted
A pilot study was conducted to test the 4 questionnaires for their reliability. 20 respondents with similar characteristics to the research sample (namely, child sexual abuse victims, the children and adolescents) were administered the 4 questionnaires. Following the pilot study, the group of teachers who were to administer the actual questionnaires were thoroughly explained the questions the participants found difficult to understand or ambiguous. The time taken to complete each questionnaire was also measured. Further, the convenience of the children and adolescents were taken into consideration for the purpose of the collection of data. The researcher respected their time table.

3.12.8. Confidentiality and Anonymity
The participants were informed that their name would be kept confidential and would not be disclosed to anyone under any circumstance. Confidentiality is most essential in starting and developing a relationship of trust with client. No relationship can begin without trust.

Therefore therapists and Counselors have a grave ethical responsibility to inform their clients about the importance of confidentiality right in the very beginning of the counseling process. Clients have a right to know very precisely as to what details of communication the counselor keeps only to himself/herself and what information he/she shares with the client’s family member or counseling staff.

Hence, there is a legal requirement to disclose matters which are confidential in cases of child abuse, attempted suicide, and other grave dangers to self and others. Confidential information may also be used when the client is a minor or needs hospitalization (Gerald Corey, 2009).
3.12.9. Confidentiality is Highly Important

Ensuring confidentiality of whatever is shared is very essential. It is a time honored principle existing for many years in medical and nursing handbooks. The right to confidentiality is recognized by the UN convention on the Rights of the Child. Counselors, teachers and parents have a serious obligation to main confidential matters which protect the children and adolescents under their care. On the one hand even if a child has been physically or sexually abused, many people do not want to disclose the fact to the journalists. They do not wish to become public figures.

Many people prefer anonymity and privacy. The right to privacy of the families that have their children or adolescents abused should not be compelled to put details in the newspapers. What is done sometimes when articles are published about abuse, is that information may be given in such a way that the names and identity of the victim is not disclosed. Alternatively fictitious names are provided to prevent the identity of the victim being known. Sometimes of course the victim does not object to her details being published. In any way, the message goes to the community that such a wrongdoing has taken place and also that appropriate steps would be taken to see that such wrong doings are not repeated.

Sometimes it is not easy to draw the line between what the victims have the right to keep confidential and what they have to make public, because of a sense of duty.

There is an urgent need to enact general confidentiality and privacy laws that sufficiently cover victims of abuse. The privacy principles would include personal information collected by agencies, the type of security measures required for the protection of personal data and the use of the information for medical or social research.

It has been accepted by society in general that professional confidentiality between abuse victims and their medical personnel is not absolute, in that situations and circumstances injurious to individuals or the community or the State, may on occasion be breached such as when reporting criminal acts involving manslaughter or murder, epilepsy affecting aero plane pilots, etc.
In 1987, the World Medical Association clearly stated: that access to patient information should be limited to health care personnel who have a legitimate need to have access to the information in order to assist the patient or to protect the health of those closely associated with the patient. The identity of the victims of child sexual abuse should be protected from disclosure except where the good of the community requires otherwise.

3.12.10. Informed Consent of the Participants
The researcher systematically explained to the participants the reasons for conducting the research study including the questionnaires to be administered and the subsequent procedures. The children and adolescents were clearly given the option to either participate or not to participate in the research. Hence, there was prior informed consent taken from the participants.

Further, the participants were also explained that if they wish they could discontinue answering the questionnaires and all the other activities of the research whenever they want. This was to make sure that the participants were not in any way compelled to answer the questions posed or to undertake any therapy they did not want to do.

3.12.11. Acquaintance with the Participants
The researcher got acquainted with all those who were undertaking the research in order to get familiar with them. This enabled the researcher to develop a strong connection and deep faith with the children. The questionnaires were administered in the presence of the teachers who were responsible for the children and adolescents.

3.12.12. Need to Consider Various Instances in which Vulnerable Children and Adolescents need Care and Protection
Today's children and adolescents are found in different multi-cultural settings facing innumerable challenges and hurdles. There is a need not only to identify the threatening environment in which our children live but also to ascertain the ways in which protection can be meted out to them.
Following are some of the intimidating circumstances in which our children and adolescents exist:

- The child or adolescent who has no home and means of survival
- The child who lives with a person has warned to kill her/him.
- The child or adolescent whose parent/guardian is unable to guide the child
- Children who lost their parents and there is no one to look after them.
- Children who are abandoned by their parents.
- The child or adolescent who ran away from home and whose parents cannot be found.
- The child or adolescent who is physically, psychologically or sexually abused.
- The child or adolescent who is involved in drug and substance abuse.

The child and adolescent of today cannot become a responsible and productive member of society unless the environment in which he/she lives is non threatening and contributes to his/her physical and mental well being. Child and adolescent neglect is a curse on society as a whole (Savi Kezhokhoto, 2013).


The giving of an Informed Consent plays an important role in human relationships today. This is particularly crucial when understanding whether people freely choose human acts or are beguiled by others. Many a time coercion takes place and the child or the adolescent feels vulnerable or helpless. Further, can a child or adolescent actually give free consent to wrong sexual acts or advances made by strangers?

To protect the basic rights of every child and adolescent, it is important to see that no physical or psychological harm comes to them. It is presumed in law that children and adolescents are not capable of giving a free consent, especially to matters concerning sexuality. They are most vulnerable and need care, protection and education.

Education becomes very necessary to the young ones in order to bring to their level of consciousness what is right and wrong. For example, through a Muppet programme the
children and adolescents are taught what a good touch is and what a bad touch is. After watching this programme for a number of times, the children and adolescents are not only aware of how they are to behave or relate with others, but also are able to discern on when to say yes and when to say no. Such educational programmes are of a great asset to them and increases their knowledge of the subject discussed.

So, in the future too, when they are faced with similar circumstances, they are already prepared to respond and are not easily fooled. However, as we know that pranksters, rapists, and others would always try to invent some new way of enticing the children and adolescents to do wrong. Hence, there always remains a need to constantly have on-going programmes for our children and adolescents.

Children and adolescents certainly lack the decision making capacity as they are not able to understand certain acts performed and the implications of those acts. They are not competent to make such decisions. Further, consent is free if and only if it is made voluntarily.

We expect that once a person is an adult, one must act according to one’s own informed conscience. It is unethical to ask other persons to cooperate unless the relevant information is given to both the parties.


Today the unique value of every human being is affirmed by all religions and cultures. The inalienable rights of persons are theoretically guaranteed by the Constitutions of most governments. These rights are silently contradicted by three trends that seem to characterize contemporary life:

- Unfortunately many children and adolescents are used and abused in totalitarian, bureaucratic institutions and societies. We need to counter the management policies of these institutions so that persons are treated with respect.
• Those children who are differently abled or who suffer from Down syndrome or other physical or mental defects are not only treated as non persons, but they are abused and taken advantage of more than other people.

• Many people in society want their own private individualistic satisfaction. They fail to realize that true happiness is caring for others with human respect.

All ethical decision must aim at respecting human dignity that is, the maximum care and concern the innate and cultural needs of every human person, including his or her biological, psychological, ethical and spiritual needs.

3.12.15. The Goals of the Dance Movement Therapy:
• Instruct the children and adolescents about dance movement therapy connected to communication method and the non-verbal signals which would make their bodies flexible and let go their worries. Help to raise self-esteem, optimism, reduce pessimism, anxiety and aggression.
• Talk about the place and the duration of time will be taken for the sessions.
• Discuss about their expectations.
• The pre-test and post-test will be administered.
• Group and individual sharing
• Confidentiality will be maintained
• There is no right and wrong dance movements
• There is freedom to say or no to take part in the dance movements
• There is respect (acceptance), unconditional positive regard (no impositions)

3.13. DATA ANALYSIS OF REPERCUSSIONS OF CHILD SEXUAL ABUSE IN CHILDHOOD AND ADOLESCENT BEHAVIOR ON THE 4 VARIABLES (PRE-TEST)

Initially, the children were given four questionnaires for the pre-tests. The data analysis of the pre-test revealed that the children and adolescents who undertook the research study had low self esteem, low optimism, high pessimism, high anxiety and high
aggression. The entire analysis pattern is thoroughly discussed in Chapter Four of the thesis.

3.14. DATA ANALYSIS OF EFFECTS OF DANCE MOVEMENT THERAPY OF CHILD SEXUAL ABUSE IN CHILDHOOD AND ADOLESCENT BEHAVIOR ON THE 4 VARIABLES (POST-TEST)

Those children and adolescents who did the pre-test were provided with many sessions of dance movement therapeutic Interventions. After the completion of the dance movement therapy, the children and adolescents were administered the same tests, called post-tests, namely, the same four questionnaires. The data analysis of the post-tests revealed that the children and the adolescents after the dance movement therapy increased their self esteem and optimism and decreased pessimism, reduced anxiety and lessened their aggression.